
State:	Arkansas	Filing Company:	Annuity Investors Life Insurance Company
TOI/Sub-TOI:	A03G Group Annuities - Deferred Variable/A03G.002 Flexible Premium		
Product Name:	Group Annuity Variable		
Project Name/Number:	Group Annuity Variable/A2014113NW		

Filing at a Glance

Company:	Annuity Investors Life Insurance Company
Product Name:	Group Annuity Variable
State:	Arkansas
TOI:	A03G Group Annuities - Deferred Variable
Sub-TOI:	A03G.002 Flexible Premium
Filing Type:	Form
Date Submitted:	11/21/2012
SERFF Tr Num:	GRAX-G128780765
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	A2014113NW

Implementation	
Date Requested:	
Author(s):	SPI GreatAmericanFinancialRes
Reviewer(s):	Linda Bird (primary)
Disposition Date:	11/29/2012
Disposition Status:	Approved-Closed
Implementation Date:	

State Filing Description:

State: Arkansas **Filing Company:** Annuity Investors Life Insurance Company
TOI/Sub-TOI: A03G Group Annuities - Deferred Variable/A03G.002 Flexible Premium
Product Name: Group Annuity Variable
Project Name/Number: Group Annuity Variable/A2014113NW

General Information

Project Name: Group Annuity Variable Status of Filing in Domicile: Not Filed
Project Number: A2014113NW Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments: Not required to be filed
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Small and Large
Group Market Type: Employer Overall Rate Impact:
Filing Status Changed: 11/29/2012
State Status Changed: 11/29/2012 Deemer Date:
Created By: SPI GreatAmericanFinancialRes Submitted By: SPI GreatAmericanFinancialRes
Corresponding Filing Tracking Number:

Filing Description:

Enclosed for your review and approval, please find the form referenced above. This form will replace form number A2014109NW, which was approved in your state on 7/27/2009 under file # 42963. This submission does not contain any provisions, conditions, or concepts that are uncommon, unusual or possibly controversial from the standpoint of normal company or industry standards.

Form number A2014113NW is a group variable annuity enrollment form. It will be used to apply for the following form numbers, as well as any Certificates of Participation under a Group Flexible Premium Deferred Variable Annuity Contract that may be approved in the future. We have included the approval dates and state file number for your ease of reference:

Form Numbers	Approval Date	File Number
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G803(98)-3/C803(98)-3	04/22/1998	N/A
G2010407NW/C2010507NW	02/14/2007	35019
G2012108NW/C2012208NW	03/05/2008	38042
P2008603NW/P2008703NW	04/15/2004	N/A
P2008803NW/P2008903NW	03/01/2004	AID #25508

We reserve the right to change the nomenclature associated with our company logo.

Company and Contact

Filing Contact Information

Brenda Little, Senior Compliance Filing Analyst blittle@gafri.com
P. O. Box 5420 513-412-2725 [Phone] 12725 [Ext]
Cincinnati, OH 45201-5420 513-361-5967 [FAX]

State: Arkansas **Filing Company:** Annuity Investors Life Insurance Company
TOI/Sub-TOI: A03G Group Annuities - Deferred Variable/A03G.002 Flexible Premium
Product Name: Group Annuity Variable
Project Name/Number: Group Annuity Variable/A2014113NW

Filing Company Information

Annuity Investors Life Insurance Company	CoCode: 93661	State of Domicile: Ohio
P.O. Box 5423	Group Code: 84	Company Type:
Cincinnati, OH 45201-5423	Group Name: Great American	State ID Number:
(800) 854-3649 ext. [Phone]	Financial Resources, Inc.	
	FEIN Number: 31-1021738	

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation:
Per Company: No

Company	Amount	Date Processed	Transaction #
Annuity Investors Life Insurance Company	\$50.00	11/21/2012	65126140

SERFF Tracking #:	GRAX-G128780765	State Tracking #:		Company Tracking #:	A2014113NW
State:	Arkansas	Filing Company:	Annuity Investors Life Insurance Company		
TOI/Sub-TOI:	A03G Group Annuities - Deferred Variable/A03G.002 Flexible Premium				
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/29/2012	11/29/2012

State:	Arkansas	Filing Company:	Annuity Investors Life Insurance Company
TOI/Sub-TOI:	A03G Group Annuities - Deferred Variable/A03G.002 Flexible Premium		
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Disposition

Disposition Date: 11/29/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Cover Letter		Yes
Form	Group Variable Annuity Enrollment Form		Yes

State:	Arkansas	Filing Company:	Annuity Investors Life Insurance Company
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Form Schedule

Lead Form Number: A2014113NW								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Group Variable Annuity Enrollment Form	A2014113NW	AEF	Initial		51.300	A2014113NW.PDF

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

Annuity Investors Life Insurance Company[®]

Administrative Address: P.O. Box 5423, Cincinnati, Ohio 45201-5423



Member Companies

Group Variable Annuity Enrollment Form

1. Participant Information

Name _____
Address _____
City _____ State _____
Country _____ Zip _____
Phone _____ Sex ☐ M ☐ F
SSN _____ Birth date _____
E-mail Address _____

Is the Participant a U.S. person? ☐ Yes ☐ No

(A U.S. person is defined as a U.S. citizen, U.S. resident alien, a U.S. domestic trust or estate, or a U.S. corporation, partnership, company or association. Additional information may be required for any non-U.S. person.)

2. Employer Information

Group Number _____
Name _____
Address _____
City _____ State _____ Zip _____
Phone _____
Tax ID # _____

3. Certificate Information

A. Product Name _____

B. Purchase Payment(s)

☐ Employer/Salary Reduction

☐ Bank draft (monthly only)

(For savings/checking account deductions, please complete and attach the required forms)

☐ Other _____

Initial Purchase Payment: Amount \$ _____

☐ Check enclosed (☐ check here if indirect rollover)

☐ Transfer/Rollover/1035 Exchange (attach required forms)

☐ Periodic purchase payments (attach required forms)

C. Subsequent Purchase Payments:

For Salary Reduction Only (Circle Non-Billing Months)

Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

First Salary Reduction Date _____

Frequency

☐ Weekly ☐ Bi-Weekly ☐ Twice Monthly

☐ Monthly ☐ Quarterly ☐ Annually

☐ Ten Payments

☐ Other _____

Total Annual Purchase Payments \$ _____ Per Year

(must complete if subsequent payments)

D. Tax Qualification for New Annuity

☐ Non-Qualified ☐ Pension/Profit Sharing 401(a)

☐ 403(b) TSA ☐ 457

☐ ROTH 403(b) TSA ☐ Other (please specify) _____

☐ IRA

☐ Simple IRA

E. Source of Tax Qualified Contributions

☐ Employer ☐ Employee ☐ Both

F. Special Requests

4. Beneficiary (P-Primary, C-Contingent)

If the beneficiary listed below is not designated as a Primary or Contingent beneficiary, it will automatically default to a Primary designation. All shares will be divided equally unless otherwise noted in the space provided.

List additional beneficiaries on a separate page signed by Participant and dated the same date as this Enrollment Form. Share/Percentage must equal 100%. If beneficiary is a trust, list the name of the trust, name(s) of the current trustee(s), and trust agreement date AND provide copies of the first page and signature page of the trust agreement.

☐ P ☐ C Share/Percentage _____ %
Name _____
Address _____
City _____ State _____
Country _____ Zip _____
SSN _____ Relationship _____
Birth date _____ Phone _____

☐ P ☐ C Share/Percentage _____ %
Name _____
Address _____
City _____ State _____
Country _____ Zip _____
SSN _____ Relationship _____
Birth date _____ Phone _____

☐ P ☐ C Share/Percentage _____ %
Name _____
Address _____
City _____ State _____
Country _____ Zip _____
SSN _____ Relationship _____
Birth date _____ Phone _____

☐ P ☐ C Share/Percentage _____ %
Name _____
Address _____
City _____ State _____
Country _____ Zip _____
SSN _____ Relationship _____
Birth date _____ Phone _____

5. Notices (Please review the notice that applies to your state.)

[Alabama Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an enrollment form for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.]

[Arizona Residents: Upon written request, we will provide reasonable factual information within a reasonable time regarding the benefits and provisions of the certificate. If for any reason you are not satisfied with the annuity contract, you may return it within twenty (20) days (or thirty (30) days if the Participant is age 65 or older on the date of the enrollment form for the certificate) after the certificate is delivered to you and receive a refund of all monies paid.]

[Arkansas, Louisiana and Rhode Island Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an enrollment form for insurance is guilty of a crime and may be subject to fines and confinement in prison.]

[California Residents Age 65 or Older: The sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of an annuity or life insurance product may have tax consequences, early withdrawal penalty, or other costs or penalties. We recommend that you consult independent legal or financial advice before selling or liquidating any assets to fund the purchase of any life insurance or annuity product.]

[Colorado Residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.]

[Delaware Residents: Your civil union partner, as defined by Delaware law, has the same rights as a spouse to succeed to the ownership of the Contract after your death. However, if the successor owner is not your spouse as defined by federal tax law, then Contract values must be distributed after your death under the rules that apply to the distribution of a death benefit for a non-spouse beneficiary. In the case of a tax-qualified contract, a beneficiary who is not your spouse as defined by federal tax law does not have the same transfer or rollover rights as a spouse. Same-sex spouses and civil union partners are encouraged to consult with a tax advisor prior to the purchase of this annuity contract.]

5. Notices continued (Please review the notice that applies to your state.)

[District of Columbia Residents: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment, and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.]

[Illinois Residents: In some cases, your spouse or civil union partner, as defined by Illinois law, may succeed to the ownership of the Contract after your death. However, if the successor owner is not your spouse as defined by federal tax law, then Contract values must be distributed after your death under the rules that apply to the distribution of a death benefit for a non-spouse beneficiary.]

[Kentucky Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an enrollment form for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.]

[Maine and Tennessee Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.]

[New Mexico Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an enrollment form for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.]

[Ohio Residents: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an enrollment form or files a claim containing a false or deceptive statement is guilty of insurance fraud.]

[Oklahoma Residents: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.]

[Pennsylvania Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an enrollment form for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.]

6. Existing Insurance/Replacement

A. For enrollment forms signed in [AL, AK, AZ, AR, CO, HI, IA, KY, LA, ME, MS, MT, NE, NH, NM, OH, OR, RI, SC, SD, TX, VT, VA, WV or WI], answer only question # 1.

1. Do you have any existing life insurance policies or individual annuity contracts currently in force with this Company or any other company? ☐ Yes ☐ No

If "Yes" to # 1, complete the Important Notice Replacement of Life Insurance or Annuities. Your agent must present and read the Notice to you unless you voluntarily waive this step.

B. For enrollment forms signed in [CA, CT, DE, DC, GA, ID, IL, IN, KS, MA, MI, MN, MO, NV, ND, OK, PA, TN, or WY,] answer only question # 2.

2. Will this contract replace or use cash values of any existing life insurance or annuity with this company or any other company? ☐ Yes ☐ No

If "Yes" to # 2, please provide company name and policy/contract #, and complete the appropriate Replacement Notice.

Company _____
Policy/Contract # _____

7. Agreement

I agree that the information provided is true and complete to the best of my knowledge. I have read and understand each of the statements and answers on this form. The certificate I have applied for is suitable for my investment objectives and financial situation. A verbal confirmation may be requested for this enrollment form during a telephone interview, and I agree that this verbal confirmation is as valid as my written signature.

I ACKNOWLEDGE THAT PROSPECTUSES FOR THE CONTRACT, AND ALL AVAILABLE SUB-ACCOUNTS AND FUNDS SHOWN IN THE ACCOUNT SERVICE OPTIONS FORM ARE AVAILABLE TO BE VIEWED OR DOWNLOADED FROM THE COMPANY WEBSITE www.gafri.com AND THAT A COPY OF THE PROSPECTUSES HAVE BEEN PROVIDED TO MY PLAN ADMINISTRATOR. I UNDERSTAND THAT ALL VALUES, INCLUDING THE DEATH BENEFIT, WHEN BASED UPON THE INVESTMENT EXPERIENCE OF THE SEPARATE ACCOUNT, ARE VARIABLE AND NOT GUARANTEED AS TO THE DOLLAR AMOUNT.

Please initial here if you wish to give the registered representative identified below authorization to make transfers on your behalf and at your direction, on this Certificate.

Signed at (city) _____ (state) _____

Participant's Signature

Date _____

Plan Administrator's Signature (if applicable)

Date _____

8. Agent's Statement

Questions 1 and 2 below must be completed

I/we hereby certify that in connection with my/our presentation to the purchaser(s) herein, I/we only used sales material that was previously approved by the Company and that I/we left with the purchaser(s) a copy of all sales material used in my presentation. (**"Sales Material means a sales illustration and other written, printed or electronically presented information created, completed or provided by the Company or the Agent and is used in the presentation to the purchaser in connection with the contract purchased).**

I/we further certify that this transaction is in accord with the Company's written statement with respect to the acceptability and appropriateness of replacements.

To the best of my knowledge and belief, (1) the purchaser(s)

☐ does

☐ does not

have any existing life insurance policies or annuity contracts currently in force with this or any other company; and (2) the annuity contract being purchased

☐ is

☐ is not

intended to replace or use cash values of any existing life insurance or annuity with this or any other company.

(If the purchaser(s) does have existing life insurance policies or annuity contracts, please read the appropriate replacement forms to the purchaser(s) (unless voluntarily waived) and complete the appropriate replacement forms. If the annuity being purchased is intended to replace or use cash values of any existing life insurance or annuity with this or any other company, please complete the appropriate replacement forms.)

If the Contract applied for replaces any existing life insurance or annuity with this or any other company, I attest that I have reviewed the potential advantages and disadvantages of the proposed transaction.

1st Agent's Name (please print full name)

Agent's Signature

Agent Code # _____ Commission Split _____ %
Phone _____
E-Mail Address _____

2nd Agent's Name (please print full name)

Agent's Signature

Agent Code # _____ Commission Split _____ %
Phone _____
E-Mail Address _____

[9. For Agent Use Only (Commission Structure Codes)]

☐ NT ☐ T1 ☐ T2 ☐ T3]

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
NW - Universal Readability.PDF			

		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:	form A2014113NW is attached under the forms tab		

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter		
Comments:			
Attachment(s):			
Cover Letter.PDF			

Annuity Investors[®]
LIFE INSURANCE COMPANY

A Stock Insurance Company
Domicile Address: 250 East Fifth Street, Cincinnati, Ohio 45202
Administrative Office:
P. O. Box 5423, Cincinnati, Ohio 45201-5423

READABILITY CERTIFICATION

I, John P. Gruber, an officer of Annuity Investor's Life Insurance Company, hereby certify that the following form(s) has (have) the following readability score(s) as calculated by the Flesch Reading Ease Test and that this (these) form(s) meet(s) the reading ease requirements of the laws and regulations of your state.

Form

A2014113NW scored with certificate
form number C2012208NW

Readability Score

51.3



John P. Gruber, Esq.
Senior Vice President,
General Counsel and Chief Compliance Officer

November 13, 2013

Annuity Investors[®]
LIFE INSURANCE COMPANY
Mailing Address: P.O. Box 5423, Cincinnati, OH 45201-5423

November 21, 2012

NAIC No. 084-93661
FEIN No. 31-1021738

Insurance Commissioner Jay Bradford
Compliance - Life and Health
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

RE: Request For Approval - Annuity Investors Life Insurance Company
A2014113NW Group Variable Annuity Enrollment Form

Dear Insurance Commissioner Bradford:

Enclosed for your review and approval, please find the form referenced above. This form will replace form number A2014109NW, which was approved in your state on 7/27/2009 under file # 42963. This submission does not contain any provisions, conditions, or concepts that are uncommon, unusual or possibly controversial from the standpoint of normal company or industry standards.

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P2008603NW/P2008703NW	04/15/2004	N/A
P2008803NW/P2008903NW	03/01/2004	AID #25508

We reserve the right to change the nomenclature associated with our company logo.

With this information, I look forward to receiving a favorable response to this filing.

If you have any questions or require additional information regarding this submission, please feel free to contact me at either of the phone numbers indicated below or via e-mail at blittle@gafri.com.

Sincerely,



BRENDA K. LITTLE, SENIOR COMPLIANCE FILING ANALYST
(800) 854-3649 (TOLL FREE - EXT. 12725)
(513) 412-2725 (DIRECT DIAL) * (513) 361-5967 FAX

Brenda K. Little
Senior Compliance Filing Analyst

BRENDA K. LITTLE , SENIOR COMPLIANCE FILING ANALYST
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(513) 412-2725 (DIRECT DIAL) * (513) 361-5967 FAX